VERNAL CITY POLICE DEPARTMENT SUPPLEMENTAL APPLICATION



The furnishing of the information on this form is voluntary on your part. The purpose of this information is to determine your eligibility and qualifications for employment with Vernal City and the Vernal City Public Safety Departments. Refusal on your part to furnish all of the information will result in no further consideration being given to your application for employment by Vernal City. You should be aware that wilfully making a false statement or incomplete information concealing a material fact on this application can be basis for rejection as an applicant or cause for termination if discovered after employment begins.

I. NA	ME: ADDRESS:					
A.	List all names you have used including nicknames. If you have ever use name, during what period and under what circumstances were they used		ames other tha	ın your tı	rue	
B.	Have you ever legally changed your name? If yes, list the date, previous name, place & court:		/es []	No []		
II. RE	SIDENCE					
A.	List chronologically all addresses for the past seven years. Include stree residence.	t address, o	city, state and	dates of		
	residence.	Date:				
		Date:				
		Date:				
		Date:				
	<u> </u>	Date:				
III. E	MPLOYMENT					
	Have you ever been asked to resign or been dismissed by an employer? If yes, give employer name, date and details:		Yes []	No []
IV. S	PECIAL TRAINING:			_		
A.	Are you currently certified or certifiable as a Peace Officer in the State If yes, give name / address of academy, session #, and date certified or of the certified o		Yes []	No []
	If no, are you certified in another state? If yes, list the State, name / address of academy, session #, and date cert	ified or cer	Yes [rtifiable:]	No []

VERNAL CITY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST THE DISABLED IN EMPLOYMENT OR SERVICE.

	School / Semina Name & Addre		Date(s) Attended	Subject	Certif	icate / Cre			
RT RECORD:					•				
Have you been arrested or charged with any violation other than traffic laws? Yes [] No [] Have you been a defendant in a court action during the past five years? Yes [] No [] Are you presently the subject of or a party to any investigation or pending litigation? Yes [] No [] Have you ever had your privilege to drive a motor vehicle revoked or suspended? Yes [] No [] If you answered yes, please give details:									
Date	Place	Charge	Disposition		Details	S			
ERENCES:									
List three indiv	viduals who are respo g the past five years.	onsible adults of repu	table standing in the	eir communi	ties and who				
List three indiv			table standing in the		ties and who	year Acquai			
List three indiv	g the past five years.					Year			
List three indiv	g the past five years.					Year			
List three indiv	g the past five years. Name / Address		Occupation	Phor		Year			
List three indiv	Name / Address RMATION, BACK	GROUND CHECK	Occupation AND CERTIFICA	Phor	ne Number	Yea: Acquai			
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